10/7/doll														
*								A	Application or Docket Number					
نا	PATENT APPLICATION FEE DETERMINATION RECOF								21792 -00003					
<u> </u>	CLAIMS AS FILED - PART I								SMALL ENTITY OTHER THAN					
(Column 1) (Column 2)								TYPE -			OF SMALL ENTITY			
TOTAL CLAIMS			20				R/	RATE . F			RATE	FEE ·		
FOR			NUMBER	NUMBER FILED		MUMBER EXTRA		BASIC FEE 385.00		OR	Basic Fee	770.00		
TOTAL CHARGEABLE CLAIMS			20 _minus 20=		·6.		. XS	XS 9:		OR	XS18=	·		
INDEPENDENT CLAIMS			2 _ minus 3 =		0		X4	X43=		OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT						+14	15=		ОЯ	-290=				
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	TOTAL 385.		OR	TOTAL			
(Column 1) (Column 2) (Column 3)							SM.	ALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.00	Minus	- Ó	O	. —	xs	9=_		OR	XS18=			
	Independent	. 3	Minus	,	3	-	X4	3=		OR	X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						•14	<u> </u>			+290=			
	•						٠ ـــــــ	TOTAL		OR	-0741			
								ADDIT. FEE			OR ADDIT, FEE			
		(Column 1)		(Colum		(Column 3)	·	_	ADDI-	I 1		ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO	JUSLY	PRESENT EXTRA	RA	rE	TIONAL FEE		RATE	TIONAL		
	Total	. 20	Minus	-2	8	• /	XS	9=	./	OR	X\$18=	•		
EE	Ingependent	• 3	Minus	~-	3_		X4:) o		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5/	·	OR	+290=			
(17) M								TAL	·	OR	YOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)												•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	esy Bea Nisly	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ğ	Total .	. 14	Minus	- 1		- (1)	XS	.		OR	X\$18=			
AME	Independent	• 3	Minus	-	<u>り</u> ・	• ¥	XA			OR	X86≏			

* If the entry in column 1 is less than the entry in column 2, write "of in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

**TOTAL OR ADDIT. FEE

OR ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

+145=

FORM PTO-675 (Rev 1003)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Paters and Fragement Office, U.S. DEPARTMENT OF COMMERCE